

September 4, 2009

H1N1 – A New Kind of Flu – What You Need to Know!

Susanne Kufahl, Public Information Officer, Riley County-Manhattan Health Department

2030 Tecumseh Road
Manhattan, Kansas 66502
785-776-4779 x 225

Team Effort

All the major health and human service providers in this community – including the health department, hospital, schools, Riley County Emergency Preparedness, EMS, police and fire departments, Red Cross, KSU, local government, and others, have been working and planning together in an effort to be prepared for a pandemic flu. Currently, we have weekly conference calls with KDHE at the health department and many of these community partners are joining us. We cannot predict what the impact of H1N1 flu will be on our community, it could be minimal. We don't want people to be frightened or apathetic; we want people to be informed.

Seasonal Flu: Don't Wait...Vaccinate!

Seasonal flu vaccine is available to the general public at the health department during regular clinic hours beginning September 1st. You do not need an appointment. Flu shots are \$25 but no one will be refused for inability to pay. Seasonal flu shots are generally available at health providers across the community. In past years, you may have received a flu shot later in the fall, don't wait this year! You want to receive the flu shot before influenza activity is taking place in the community, and it is already here. The flu shot will provide protection throughout the duration of the flu season. It will not protect you against the H1N1 virus (swine flu).

Who should get it? Everyone over the age of 6 months who is not allergic to any component of vaccine.

H1N1

While the H1N1 virus is showing signs of widespread infection, the CDC and KDHE are indicating to us that it does not appear that it will be as deadly as feared. Across the world, H1N1 flu vaccine testing is proceeding successfully and well. The process is guided and supervised by the CDC and the President's Council of Advisers on Science and Technology (PCAST). The science of testing and producing flu vaccine is well established – the H1N1 virus is novel, the process of producing vaccine for it is not.

The H1N1 vaccine is expected to begin to ship to public health departments in mid October. At this point, we are told two shots will be required, three weeks apart. However, researchers are striving to gain effective protection with just one shot, and the health department has been instructed by KDHE not to reserve second shots.

Who should get it? The CDC's Advisory Committee on Immunization Practices (ACIP) has recommended that vaccination efforts focus on five key populations:

*pregnant women

- *people who live with or care for children younger than 6 months of age
- *health care and emergency medical services personnel
- *persons between the ages of 6 months and 24 years of age, and
- *people from ages 25 through 64 years who are at higher risk b/c of chronic health disorders

The groups identified above total more than half of the population of the United States. If vaccine is timely and plentiful, this risk grouping could be accommodated. While we are hoping that vaccine supply will be adequate, we do not expect it to be timely. We expect it to arrive in small shipments weeks apart. Consequently, the ACIP made another recommendation for the highest priority populations as a sub-group of the above list. It is:

- *pregnant women
- *people who live with or care for children younger than 6 months of age
- *health care and emergency medical services personnel with direct patient contact
- *children 6 months of age through 4 years of age, and
- *children 5 through 18 years of age who have chronic medical conditions

This highest priority listing could change, but the important thing to realize is that if the vaccine is in short supply, there will be a priority list and most people will not be on it. Anticipating that initially, the H1N1 vaccine will be in short supply, it will be important to follow the federal directive to give it to the highest risk populations first; doing so will better protect all of us. A big difference from seasonally flu priorities is that persons older than 64 years of age are at least risk and therefore last priority in receiving the vaccine.

H1N1 Vaccination Clinics

The health department plans to set up specific times exclusively for H1N1 vaccinations. Current plans are to hold H1N1 vaccination clinic Mondays – Thursdays from 4:00 – 5:30 PM and Fridays from 7:00 – 8:30 AM when we have vaccine. The health department will not be open for other services during these clinic times. We will have signs on our blue street sign (on Claflin), will alert the media, and have a message on our phone alerting people to the availability of H1N1 vaccine. Some other community providers will probably contract with us to offer the vaccine as well. All sources will have to comply with required priority lists.

Whether or not there are charges to receive the H1N1 vaccine is not yet fully determined and depends upon state and federal sources as well as insurance companies. At this time, the board of health has decided that the health department will provide the vaccine to children through high school age free of charge. The fee for people beyond high school age to get the shot is currently set at \$14 but no one will be refused for inability to pay. Whatever other providers contract to administer the shots will likely charge and we are told insurances are likely to cover the administration fees. It is necessary to charge b/c we will need multiple providers to administer all the vaccine and that may not be possible if they can't charge. Insurance companies do not allow charging only patients with insurance.

Schools

If we receive plenty of H1N1 vaccine, we may hold vaccination clinics in schools. If supply dribbles in, we may not do this, at least initially, because we will adhere to the highest priority listing which may not include school aged children. Closing schools will always be a last resort. It does not keep children from congregating, it does not stop the spread of disease, and it greatly disrupts the workings of families and society. Schools and child care programs should make plans for a sick room area in which to isolate sick children until parents can come to pick them up.

Symptoms

How do you know it's the flu? Symptoms of the flu are typically fever and respiratory symptoms, however gastrointestinal symptoms may occur as well. CDC and KDHE stopped testing individuals because there were too many cases to follow up on. The flu is now tracked by sentinel clinic reporting. Check with your medical provider for their advice; generally, an otherwise healthy person does not need to go to the doctor unless they have severe symptoms such as a high fever or difficulty breathing or swallowing.

Treatment

Stay home! Drink plenty of fluids and rest. Do not return to work or school until 24 hours after any fever has subsided.

Antivirals

At this point, the H1N1 virus is susceptible to antiviral medications – Tamiflu (Oseltamivir) and Relenza (Zanamivir). As of August 24th, there were 11 known cases of Tamiflu-resistant infections in the US. Fortunately, there is no evidence that transmission of drug-resistant viruses has occurred. The existence of Tamiflu-resistant infection indicates that the H1N1 virus is capable, within a few months, of acquiring the ability to fend off one of our most effective drugs. Consequently, use of antivirals should be restricted to those who are severely ill, not for mild illness and not for household contacts. Overuse of antivirals is dangerous and counter-productive. It depletes the supply of a potentially life-saving resource, costs people a lot of money, and could lead to antiviral resistant viruses. In other words, over use could rob us of an effective tool in controlling the disease. We hope that if we use antivirals prudently, we keep them effective for the people who really need it, until the pandemic runs its course.

Prevention – Be Proactive!

Wash your hands. Stay home if you are sick. Cough or sneeze into your elbow. Stay healthy by eating well, exercising, drinking plenty of water, and getting adequate rest. Businesses, offices, and schools should consider how they might operate with potentially 30% or more of their workforce absent. Schools and employers are asked to waive requirements for physician notes for absences, as physician offices need to use their time to treat those seriously affected by this and other illnesses.